

***Be Wise.....Immunize!***  
**15<sup>th</sup> Annual Arizona Immunization Conference**  
**April 22-23, 2008**  
**Registration Form**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Print all information

Organization \_\_\_\_\_  
 Spell out full name of organization

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check (√) all that apply:

- ☐ MD    ☐ DO
- ☐ Pharmacist
- ☐ PA    ☐ NP
- ☐ Epidemiologist
- ☐ RN
- ☐ LPN
- ☐ School nurse (check RN or LPN also)
- ☐ Public Health Nurse (check RN or LPN)
- ☐ Lab Technician
- ☐ Immunization Manager
- ☐ MA    ☐ Other Office Staff
- ☐ Other School Personnel

Please check (√) description of organization type:

- ☐ Community Health Center
- ☐ Corrections
- ☐ County Health Department
- ☐ Family/General Practice
- ☐ Family Health Center
- ☐ Hospital
- ☐ Hospital-Based Clinic
- ☐ Indian Health Services
- ☐ Pediatrician
- ☐ School Based Clinic
- ☐ Other \_\_\_\_\_

**Conference Fees:**

Early Bird Rate (before April 1)		Normal Rate (after April 1)	
April 22 and 23 – both Tues & Wed	\$160	April 22 and 23 - both Tues & Wed	\$175
April 22nd - Tuesday only	\$90	April 22nd – Tuesday only	\$100
April 23rd - Wednesday only	\$90	April 23rd – Wednesday only	\$100

**Conference will be held at the:**

**Black Canyon Conference Center, 9440 N. 25<sup>th</sup> Avenue, in Phoenix, AZ, 85021**

- Make check payable to **TAPI** (The Arizona Partnership for Immunization)
- Mail Registration to **(must include check or Purchase Order to be complete):**  
 Arizona Immunization Program Office  
 150 N. 18<sup>th</sup> Ave., Suite 120  
 Phoenix AZ 85007-3233
- Questions: Call Esther Jimenez at (602) 364-3635;  
 Fax (602) 364-3285; or E-Mail [jjimenee@azdhs.gov](mailto:jjimenee@azdhs.gov)



***\*Have applied for CME Credits & CEU Contact Hours\****